

## CLAIMS ONLY

Application Number

10590137

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

*	Indep	Depend	*	Indep	Depend	*	Indep	Depend
51								
52								
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98								
99								
100								
Total Indep	17							
Total Depend	20							
Total Claims	27							